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1. For Part 1 applications, where do the required blank STD clinic records and floor plans go? They are not listed in the required appendices and they are mandatory documents for the application.	**An additional appendix (Appendix H: Supporting Documentation) has been added to the application. Please include blank STD clinic records and floor plans in this appendix.**
2. Under VI application review criteria, the RFA requests measures of effectiveness to be included. Where in the application is this to be included?	**Measures of effectiveness should be included in the applicant's Training Program in the General Program Objectives section (Evaluation criteria 4c). Your proposed program objectives should include information about how you plan to evaluate the effectiveness of your program – whether your program is accomplishing its goals. This is what is meant by "measures of effectiveness." Including measures of effectiveness as part of your general program objectives is acceptable.**
3. Part 1- If funded and we have a larger area to cover would it be acceptable to subcontract out to other states to assist with training?	**Applicants may subcontract some training activities out to other states to meet the needs of their assigned coverage area. A justification will need to be included in the application.** **For each contract and consultant mentioned in the application budget, describe the type(s) of organizations or parties to be selected and the method(s) of selections; identify the specific contractor(s), if known; describe the services to be performed and justify the use of a third party to perform these services; provide a breakdown of and justification for the estimated costs of the contracts and consultants; specify the period of performance; and describe the methods to be used for contract monitoring.** **Provide a job description for each position—specifying job title, function, and general duties and activities.** **Provide a salary range or rate of pay and the level of effort and percentage of time to be spent on activities that would be funded through this funding opportunity. If the identity of any key person filling a position is known, his or her name and a bio-sketch (2 page maximum, per person) should be attached (biosketches should be included in Appendix C). Experience and training related to proposed project should be noted. If the identity of staff members is unknown, describe the recruitment plan.** **It is also important to note that CDC will work with the PTCs to assign specific U.S. coverage areas before the start of the project period to ensure equitable distribution of the regional training workload across the grantees. The first three months of the first project year (April – June 2011)**

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4. The FOA reads on pg 73 "Indirect costs under training grants to organizations other than State, local or Indian tribal governments will be budgeted and reimbursed at 8% of modified total direct costs rather than on the basis of a negotiated rate agreement, and are not subject to upward or downward adjustment." Is it correct then that if the applicant is a State, local or Indian tribal government a negotiated rate agreement can be applied?	**The 8% indirect cost cap does not apply to state, local, or Indian tribal governments. Applicants who are State, local or Indian tribal governments can apply their federally negotiated indirect rate agreements.**
5. Any idea when the Q/A will be posted?	**We are working very diligently to get questions cleared and posted. Thank you very much for your patience with this process.**
6. Under Section IV. Eligibility, there is a Special Requirement of a Letter of Support and Collaboration from state and local DOH and a Letter of Support and Collaboration from a University. This part is unclear. Is this for all applicants? Is it possible to have this portion expanded and explained in greater detail? Is this referenced in other places in the FOA?	**As noted in the Special Requirements of PS 11-1103, all applicants are required to submit letters of support and collaboration from their partnering organizations. If the applicant is a university, they must submit a letter of support and collaboration from the state or local health department with which they are partnering. If the applicant is a state or local health department, they must submit a letter of support and collaboration from the university with which they are partnering. If the applicant is neither a university nor state or local health department, they must submit letters of support and collaboration from the university and the state or local health department with which they are partnering.** **These are the minimum requirements for letters of support and collaboration. Applicants may collaborate with a range of organizations and agencies.** **As noted in Section VI: Applicant Review Information, Part I, II, and III applications will be evaluated against criteria that include whether they provide the following Organizational Description and General Training Capacity information: "A letter from each partner organization describing its partnership with the PTC, specifying the training-related activities that will be provided**
7. We are applying for Part II which requires an organization that can bring state-of-the-art research to prevention training (University) and must collaborate with an organization that can provide HIV prevention training. Is it required that this organization be a	**As stated in the Executive Summary, …"each PTC must be structured and function as a partnership between: An organization that can bring state-of the-art research findings to the development of STD/HIV prevention education and training activities, resources, and materials for health care professionals, prevention specialists, and**

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state or local DOH? Or can it be a CBO or other NGO?	**STD/HIV prevention programs, such as an academic institution; and an organization that can deliver the resulting STD/HIV prevention education and training activities, resources, and materials to health professionals, prevention specialists, and STD/HIV prevention programs, such as a state or local public health department." The applicant may collaborate a range of organizations and agencies, including CBOs and NGOs. However, if the applicant is a university, at minimum, it must provide a letter of support and collaboration from a state or local health department.**
8. Since we are a University, are we required to submit a letter of support and collaboration from a DOH? The special requirement says that we must submit a letter of support from a STATE and a LOCAL DOH. So one from each?	**There is a typo in the Special Requirements of this FOA. University applicants must submit a letter of support and collaboration from a state or local health department (not state and local health department).**
9. The reviewer criteria for Part 2 include a plan for providing training-of-trainers and Spanish language courses but the Part 2 training plan description does not mention either of these. Are we to plan for them?	**Yes, all Part 2 applications should address all items in the FOA relevant to Part 2. This includes items any and all items in the reviewer criteria for Part 2.**
10. If an organization is applying for more than one part, it seems they have been put at a disadvantage regarding the number of pages in the appendices. Part 1, 2, and 3 each deserve an equal number of pages for their appendices. If the same organization is applying for more than one of those, they are unfairly disadvantaged by being limited to fewer pages for each part than an organization that only applies for one Part and is allow 50 pages. It does seem appropriate to have the lesser page limit for the added application for Part 4, which is possible what was being considered when the RFA was written. Would it be possible to change the appendices page limit to 50 for each Part, at least 1, 2, and 3?	**We have requested an amendment to the FOA to increase the appendices page limit to 50 pages for each part. If you have registered on grants.gov they will notify you to any amendments to the FOA.**
11. On a similar note, can you provide guidance in what you expect regarding Letters of Support? A letter of support is requested from the state (singular), signed by the STD/AIDS Director. Are you anticipating letters of support from the STD/AIDS Directors from each state in the US region to be served? If so, are organizations applying for Parts 2 or 3 in the largest quadrants at a disadvantage regarding the number of pages their letters of support will consume in the page limit for the appendices?	**This letter should describe its partnership with the applicant organization in detail and specify the training-related activities that the partner will provide (e.g., program coordination; serving as a training site; providing staff, faculty, fellows, or graduate students to teach courses, precept course participants, design or develop training courses or materials, or assess or evaluate training courses or materials) and an organizational chart showing linkages between the applicant and partner organizations and related PTC positions, indicating lines of authority.** **A letter of support and collaboration of this type is not required from a health department in each state in the applicant's coverage area. Applicants may include additional letters of support in the appendix and/or list additional collaborations in the narrative or appendix. Because there is a page limit to the appendices, applicants must use their best judgment about how many and which letters of support they want to include.**

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12. The STD Intensive Course description (Appendix E-page 88) states that 50%of each STD Intensive course should be devoted to experiential STD clinical training. The language it uses to state what experiential is " Experiential STD clinical training is a hands-on ,precepted clinical andn laboratory work experience (sometimes called a preceptorship or practicum)". Does this experiential training include hands-on training with live model patients to learn STD exam skills and hands-on training of microscopy with real specimens such as in a laboratory wet mount training? These types of experiental trainings methods have been defined as experiental hands-on training in the past.	**These activities are now classified as interactive, skills-building training activities – Level II training. Appendix B contains complete definitions of the five levels of training methods**
13. On page 19 there is a description of the percent time that each PTC should devote to specific training methods (~10-20% for Level I; ~30-40% for Level II; ~30-40% for Level III; 10% or less Level IV and 10% or less Level V). In addition on page 20 there is a statement saying: " The sample training plan should indicate the overall proportion of training activites that will be delivered using each of the five levels of training methods". However in a description of the sample 9-month training (Training Program Plan page 56) the list of minimum number of trainings that are required to be delivered (5 STD Intensives, 2 STD Lab/Micro, 3 STD updates, 3 complete ASI, 1 ASI TOT, 1 ASI overview, 4 ASI single modules) are all training that don't allow for components that are Level IV or V. Should we infer that if we add Level IV or V trainings that this is in addition to the prescribed minimun number of trainings?	**Yes**
14. Does this: • Any other submitted appendices should be labeled as "non-mandatory" in a PDF file.count against the 50 page appendices maximum, or is "non-mandatory" truly a separate file that does not count toward any page limits?	**The other appendices labeled as "non-mandatory" will count towards applicable page limits.**
15. Page 48 of the FOA states that page limits for appendices should not exceed more than 50 pages if applying for one part, and 20 additional pages maximum for each additional Part, not to exceed 110 pages total. This implies that there will not be separate appendices for each application if applying for more than one award (e.g. 28 pages per part if applying for all 4 parts); rather any document listed in the appendix can be referred to regardless of part.	**The current page limit if 50 for the first part and 20 for each additional part. We are currently working on amending the FOA to increase page limits. If you are registered with grants.gov, you will be notified when the FOA is amended. Thank you for your patience with this process**
16. Does this mean that if the applications are scored separately, the total number of appendices will be available for reviewers to view? For example, the Part 1 application can refer to a document in the appendix on page 65, etc.?	**Reviewers currently will have available the appendices applicable to their part.**

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Please clarify.	
17. During the webinar we were told that the bio sketches go in the budget justification but right below that instruction it says that the biosketches are to go into Appendix C. Which is it, please?	**Submit biosketches of all known staff described in the budget and budget justification.** **All biosketches of staff described in your budget and any other key persons described in your application should be included in appendix C. In your budget narrative, please indicate that the biosketches of the positions described in your budget narrative are located in attachment C.**
18. Did I hear correctly that if we are using the 8% indirect cost we do not have to submit an indirect cost rate agreement? Ours is 6 pages long so that would save pages in the Appendices. Do we just put not applicable next to Appendix F in the Table of contents?	**No, you are not required to submit your IDC agreements as there is an 8% cap.**
19. Did I also hear correctly that we can just list collaborators and not include letters of support or MOAs? This is very unclear since the list of collaborators is so long and the appendices are so limited in length.	**You should include letters of support or memoranda of agreement (MOAs) from your key partners and collaborators. You may also discuss and list other partnerships and collaborations in your narrative and/or include lists or tables describing your partnerships and collaborations. Because of the page limits for both the narrative and the appendices, applicants must use their best judgment to determine how to document their partnerships and collaborations.**
20. Along this same line – if we are to have health department partnerships and letters of support, MOAs, biosketches, samples of work, org chart, lists of curricula we will be well over 30 pages – we have 14 jurisdictions plus a local health department and 10 staff members and a 6 page ICR Agreement.	**A letter of support and collaboration of this type is not required from a health department in each state in the applicant's coverage area. Applicants may include additional letters of support in the appendix and/or list additional collaborations in the narrative or appendix. Because there is a page limit to the appendices, applicants must use their best judgment about how many and which letters of support they want to include.**
21. May we include charts or tables in the narrative and do they have to also be double spaced?	**They can be included in the narrative or the appendix, they do not have to be double spaced.**
22. For Part 2 DEBI courses are we to propose a medium level evaluation plan that is separate from that of CDC for the DEBI courses? Page 16 of the FOA refers to the Evaluation Plan and states that we are to determine appropriate medium-term outcome indicators. In the next paragraph it says we are to measure outcome indicators which would seem to mean the medium-term indicators too. But CDC's CBB is developing a medium-term outcome evaluation process for all entities delivering DEBI courses. So do we say we will do that or do we need to have a system of our own?	**Responses to the FOA should only be based on the information provided in the FOA. The FOA explains that successful applicants should expect to conduct evaluation "both independently and in conjunction with CDC, the NNPTC, or both." The FOA further explains that actual measures may be finalized as part of the program itself: "It is expected that the PTC will work with CDC and the other PTCs to coordinate and standardized evaluation activities when appropriate to avoid duplication of labor, services, or materials; and to avoid inconsistencies or gaps in evaluation activities."**
23. Level 5 training assistance is to always be approved in advance by CDC? What will be the	**There is a form in Appendix F, that must be completed and sent to Project Officer/Technical monitor for**

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process for this?	**approval.**
24. There are no deliverable hours mentioned for Part 2. So are we to develop our SMART objectives with our own hours for the two types of courses and other items to be provided.	**Part 2 requests a plan reflecting course names and numbers of courses to be delivered, not hours.**
25. What is the difference between measures of effectiveness and SMART objectives?	**Measures of effectiveness must be objective, quantitative and measure the intended outcome of the proposed program. In essence, measures of effectiveness are SMART objectives for your proposed program.**
26. Page 29 of my copy says that Part 2 is to develop each training event in collaboration with the intervention site point of contacts. We may have 6-8 different agencies from very different places attending a training. Are we to coordinate with each agency and develop a plan to meet all the training needs of each agency?	**This refers to the point of contact for or at site where the intervention training will be held.**
27. I am experienced Grant Reviewer with CDC, HRSA and NIH and would very much like to be considered for the Special Emphasis Panel for the Sexually Transmitted Disease/Human Immunodeficiency Virus Prevention Training Centers Program. I have attached my resume for your consideration. I have a lot of experience in this area and sense that I will be able to contribute significantly to this review. Thank you for your time.	**Thank you for your inquiry. However, we are using an objective review process, which requires the use of Federal FTE staff.**
28. The slides from the webinar – when will they be on the website?	**We are working as quickly as possible to get documents reviewed and cleared. As soon as it is cleared we will post on website. Currently, I anticipate webinar slides will be available by the end of the week.**
29. I have clarifying questions regarding: **2. Organizational and Training Capacity** **b. Part I Training Experience and Capacity** **- Can you clarify the difference in what is being asked in 2.b.i. and 2.b.ii. (seems like the same info being requested twice)**	**2.b.i. is asking about the courses the applicant has delivered (trainings conducted) over the past 5 years and 2.b.ii. is asking about the courses the applicant has developed (new courses created) over the past years.**
30. Can you clarify what is meant specifically by "topics" in this section - does that mean a listing of every single lecture that makes up, say, a 3-day course or does "topic" more generally mean something closer to "Update on STD diagnosis and treatment	**In regards to "topics", the applicant should provide a brief description of the topics or content of the courses the applicant has delivered (2.b.i.) or developed (2.b.ii.). The applicant should provide enough detail to allow reviewers to evaluate the applicant's experience and capacity to develop and deliver clinical training.**
31. On page 27 of the FOA it states that Part IIs will "Screen the readiness of organizations interested in implementing the selected behavioral HIV prevention interventions....PTC staff will use a clinic readiness assessment tool..." Is this tool going to be used for ALL DEBIs or just the clinic-based DEBIs?	**This paragraph is Part 2 specific. There's a word "the" in the first sentence of the paragraph, which is a typo. The paragraph refers to an intervention model determined by the program. The paragraph does specify that the assessment is one with clinics.**
32. On pages 25-26 of the FOA, several	**Yes, Bridging Behavioral Theory and Practice, Group**

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courses are listed as "National-level courses that support the DEBI program," including "Bridging Theory and Practice," "Adapting EBIs Using Focus Groups," "Adapting EBIs Using Interviews and Observations," and "Selecting Evidence-Based Interventions." Page 28 in section b. Assessment, states that we are to submit and analyze course evaluation data on "...three support courses (such as Bridging Behavioral Theory and Practice, Group Facilitation and Selection of Evidence-based Interventions)..." Are Bridging Theory and Practice and Selecting Evidence-Based Interventions included in the 80% of DEBI courses or the 20% of Program Support courses?	**Facilitation and Selection of Evidence-based Interventions are national level courses that support the DEBI program. These courses fall into the category of the eighty percent of courses to be taught should be devoted to national-level standardized behavioral intervention courses that support CDC's DEBI program.**
33. On page 47 of the FOA where the Appendices are described, Appendix D is described as "Bibliographies of Curriculum" what is meant by "bibliography"?	**Applicants should submit a list of the major sources or references used in their STD/HIV curriculum in Appendix D.**
34. On page 47 of the FOA where the Appendices are described, Appendix E is described as "Examples of curriculum products developed (not full curriculum, key excerpts)" - what is meant by "key excerpts"?	**Include a brief summary of curriculum products developed in Appendix E.**
35. On page 48 of the FOA it states "Any other submitted appendices should be labeled as 'non-mandatory' in a PDF file." - Are the non-mandatory appendices included in the 50-page limit for appendices?	**All pages in the appendices, including those in the non-mandatory appendices, are included in the 50 page limit.**
36. Should bio-sketches for all known staff be submitted, or just known staff who will be "key persons" on the grant? (Director, etc.)	**Submit biosketches of all known staff described in the budget and budget justification. All biosketches of staff described in your budget and any other key persons described in your application should be included in appendix C. In your budget narrative, please indicate that the biosketches of the positions described in your budget narrative are located in attachment C.**
37. On page 47 of the FOA, it states "... if the identity of staff members is unknown, describe the recruitment plan..." is a single paragraph of description sufficient for this description?	**Yes, as long as it adequately addresses the recruitment plan.**
38. Please verify the website.	**Grants.gov webpage for PS 11-1103: http://www07.grants.gov/search/search.do;jsessionid=PkT3M03ZRLgvr2CVJHZvf1ZDwhvQ4v19vbtSvWqLN4qGb05Gn2GL!639126927?oppId=58371&mode=VIEW** **DHAP webpage for PS 11-1103: http://www.cdc.gov/hiv/topics/funding/PS11-1103** **Links to grant.gov and DHAP webpages for PS 11-1103 are also located in the "What's New" section on DSTDP webpage: http://www.cdc.gov/std/**
39. Also, we have a question on the request for application, page 55, section 4.a.ii – what does clinical service delivery system in the HHS Region	**Descriptions of the STD/HIV clinical service delivery system should include how and where STD/HIV clinical services are delivered in the applicant's HHS region and**

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mean?	**the types of providers that deliver STD/HIV clinical services.**
40. Our 501(c)(3) film company would like to propose producing an instructional, training video for Prevention Training Centers (NNPTC) under the discretionary funding opportunity, CDC-RFA-PS11-1103. **However, we are not able to recognize if our time and effort taken to apply for funding would be supported, in theory, by your agency.** **Please, advise.**	**Thank you for your interest. Please review the purpose of the FOA and its eligibility requirements to see if your goals are aligned with the goals of the FOA.** **Please note, the purpose of this FOA is to create a National Network of Sexually Transmitted Disease/Human Immunodeficiency Virus Prevention Training Centers. The Prevention Training Centers will provide high-quality curriculum development, training, and training assistance for the diagnosis, treatment, and prevention of Sexually Transmitted Diseases and Human Immunodeficiency Virus for health care professionals and prevention specialists across the United States.**
41. I am interested in finding out more about this grant program. Can you please tell me how many applications your office received in the last round of funding, and of those, how many were awarded? This will help me gauge the relative competitiveness of the program.	**For the 2006 STD/HIV Prevention Training Centers (PTC) funding opportunity announcement (FOA) PS 06-606 there were: 13 Part I applications, 10 of which were funded; four Part II applications, four of which were funded; and six Part III applications, four of which were funded. The 2006 FOA did not include a Part IV.**
42. On page 61 of the FOA, 2.b.iii., is the reference to "types of courses taught" the same as names of courses?	**No, "types of courses taught" is not the same as names of courses. Types of courses taught refers to course category or categories of courses. Courses reported or proposed are to be described in terms of type. For example, The FOA (page 26, for example) makes references to percentages of courses to be provided in categories. There are "national level standardized behavioral intervention courses" versus "program support training" and there are also "training methods. (see Appendix B for detailed definitions of training methods)."**
43. On page 63, 3.b.ii., requests a lot of information about the courses included in our training plan. While some portion of this can easily be handled in a table, the more lengthy parts, such as course objectives and content outlines will obviously be part of our appendices. That being said, can you clarify what you would expect to see in the brief content outline? These content outlines/trainer agendas are often several pages for multiple day courses. We have as many of 18 different courses, which would exceed the page limit on the appendices.	**The applicant should provide a brief description of the content of the courses the applicant has delivered or developed. The applicant should provide enough detail to allow reviewers to evaluate the applicant's experience and capacity to develop and deliver behavioral training. Because of the page limits for both the narrative and the appendices, applicants must use their best judgment to determine how to document their experience and capacity.**
44. Good morning - can you please clarify if the use of tables in the narrative section of our application for funding under PS11-1103 is acceptable, and if so, what format is allowable for (font, spacing, etc).	**Applicants' narrative sections may include tables. Although there are no formatting requirements for such tables (e.g., spacing, font), keep in mind that tables should be formatted in a way that an objective reviewer, who**

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	may not be familiar with the subject matter, can easily understand the information you are conveying.
45. Greetings Ms. Polk, **Per your request, I am forwarding my request to you via email.** **I am inquiring on the Part II Evaluation Criteria for "Organizational and Training Capacity", at the section under *Part II Training Experience and Capability (p.61)*.** **Is the Behavioral Interventionist required to have past experience in the teaching, deployment and diffusion of the DEBI program curriculum, or is this a preference?**	**Requirements are eligibility criteria. Evaluation criteria are not requirements. The question refers to evaluation criteria.** **Among other evaluation criteria as described in the FOA, Part II applications will be evaluated in terms of "description of behavioral interventions training experience and capability" including** **i. Number of years teaching program support courses, including Comprehensive Risk Counseling Services (CRCS).** **ii. Number of program support courses developed, piloted, and diffused.** **iii. Number of years teaching DEBI courses, including types of courses taught; number of times and locations in which each course has been taught during the past year; number of trainers qualified to teach each course; and number of years each trainer has taught each course.** **iv. Number of courses and curricula developed, piloted, and diffused for the DEBI program, including types of courses taught; number of times and locations in which each course has been taught during the past year; number of trainers qualified to teach each course; and number of years each trainer has taught each course."**
46. Good Morning Ms. Polk, **We intend to submit an application for *Sexually Transmitted Diseases/Human Immunodeficiency Virus Prevention Training Centers CDC-RFA-PS11-1103.* This is my first CDC submission and I would appreciate clarification if possible. Applicants are instructed to "provide a detailed training needs assessment for the U.S. coverage area". So I have two questions. We are located in Region II does that include Puerto Rico and the Virgin Islands, and 2. How far should we plan to extend training outside of our region.**	**For Part I applicants: Yes, Region II does include Puerto Rico and the Virgin Islands. Your application should include a training needs assessment and initial training plan for the HHS region in which you are located. Specific U.S. coverage areas for each Part I PTC will be determined by CDC in consultation with the funded centers prior to the award date. It is expected that each funded center will be responsible for a geographic U.S. coverage area comprised of between four and twelve states/territories. The composition of each Part I PTC geographic U.S. coverage area will be based on the final awardee selection, location of awardees, and criteria as referenced in the FOA. CDC will work with the PTCs to assign specific U.S. coverage areas before the start of the project period to ensure equitable distribution of the regional training workload across the Part I PTC grantees.** **Additionally, the Part I PTCs will be expected to collaborate with each other and CDC to develop,**

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	implement, and evaluate a national clinical training plan that may require training outside of their U.S. coverage areas. **For Part II applicants: Puerto Rico and the US Virgin Islands are in the eastern quadrant of the Part II Behavioral Prevention Training Centers. The FOA requests applicants to submit a training plan for a quadrant or coverage area. It does not request that such a plan should include a plan for other than the proposed quadrant or coverage area. However the FOA does state that funded programs will work with one another to create a national plan and each may be asked to provide trainings across the quadrants or nation.** **For Part III applicants: Puerto Rico and the US Virgin Islands are in the eastern quadrant for the Part III Partner Services and Program Support PTCs. For the purposes of the application only, the applicant should develop a plan to provide STD/HIV partner services and program support during the period of July 1, 2011 to March 31, 2012 for the geographic quadrant in which the applicant is located. (See Appendix A for map showing HHS regions and quadrant configurations.)** **Specific U.S. coverage areas for each Part III PTC will be determined by CDC in consultation with the funded centers prior to the award date. CDC will work collaboratively with the PTCs to assign specific U.S. coverage areas before the start of the project period to ensure equitable distribution of the regional training workload across the Part III PTC grantees. It is expected that each funded center will be responsible for a U.S. coverage area comprised of between ten and thirty-five states or territories.** **Additionally, the Part III PTCs will be expected to collaborate with the other Part III PTCs and CDC to develop, implement, and evaluate a plan for meeting national partner services and program support training needs that may require training outside of their geographic U.S. coverage area.**
47. In looking at the example of the Table of Contents, it appears an application that includes multiple parts should only have one set of appendices. Do you prefer, in an application for multiple Parts, all appendices be combined into one set or do you want a separate set of appendices for each part the applicant is applying? I guess my question is whether all Parts of the application will be review together or separated by Part?	**Each Part of the application will be reviewed separately. You should submit one set of appendices and organize and label the materials in each appendix according to whether the materials in the appendix are general to all Parts for which you are applying or specific to one or more Part(s) for which you are applying.** **For example, in Appendix C: Biosketches, you may have some biosketches for staff serving all Parts, some serving Part I, some serving Part II, and so on. In the header (or footer) for each biosketch, you would write "All Parts," "Part I," "Part II," "Part III," "Part I and II," etc., to ensure all the appendix materials relevant to the narrative for that Part are included in the objective review.** **Additionally, please note the FOA has been amended to increase the appendices page limit to 50 pages for each**

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	part. If you have registered on grants.gov they will notify you about any amendments to the FOA.
48. Hello - I noticed that the Q/A log from the 10/20 webinar was posted but there is some incorrect info in that document that has since been corrected, but only via direct email questions to this address. **Specifically, where biosketches go. Both the FAQ and the QA log say they belong with the budget, but you have clarified that they belong in Appendix C. here may be other inconsistencies.** **The online FAQ also contains incorrect info (specifically regarding biosketches).** **Are this document and the FAQ going to be corrected and re-posted?**	**The email questions take precedence if there is a discrepancy between webinar questions and email questions. The email questions and answers are most current. The Biosketches should be included in Appendix C.**
49. The Floor plans, clinic records and other requested documents are not listed under attachments a-h. Do we attach it as mandatory documents and do they count toward the 50 page limit in the attachments?	**The FOA has been amended to add an additional appendix, Appendix H: Supporting Documentation (including model STD clinic records and floor plans), to the application. Please include blank STD clinic records and floor plans in this appendix.** **All pages in the appendices (including mandatory and non-mandatory appendices) count toward the 50 page limit.**
50. My name is XX and I am applying with Drs. A, B, and C for a Part I and Part III PTC. I live in State A and am affiliated with W University Health Sciences. Dr. B is with Y University. We had planned for Dr. A to be the overarching PI of both parts and then have State D lead Part III with the grant primarily going to State D Dept of Health. Will it be a problem for the money to go from Z University to primarily State D DOH and then be subcontracted to W University and Y University if I am the PI (and I reside at W University) for Part III?	**There are no FOA requirements or criteria that prohibit organizing your PTC in this manner.** **Each PTC must be structured as a partnership between an organization that can develop training, such as a university, and an organization that can deliver training, such as a state or local health department. Applicants that are universities are required to provide a letter of support from their state or local health department partner. These are minimum requirements; applicants may partner with additional universities, health departments and other organizations to address the training needs of their coverage area. Key staff may be employed by the applicant organization or one of the applicant's partner organizations. Key staff may be engaged as FTEs, contractors, consultants, or provide services in-kind.** **At minimum, in addition to providing a Medical/Clinical Director for Part I and a Partner Services Training Director for Part III, you must provide one coordinator to serve as a single point of contact for this award, and who will be responsible for the planning, day-to-day operations, and administrative duties related to all training activities for both Parts, and a data coordinator who will be responsible for transmitting training data from both Parts to CDC.** **Centers that are funded for more than one training Part**

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	are expected to coordinate administrative and training duties and responsibilities, as appropriate, to function as one entity and, avoid duplication of labor, services, or materials. **You should include an organizational chart showing linkages between the applicant and partner organizations and related PTC positions, indicating lines of authority in Appendix B. All biosketches of staff described in your budget and any other key persons described in your application should be included in Appendix C. In your budget narrative, please indicate that the biosketches of the positions described in your budget narrative are located in Appendix C.**
51. **a. 2 page biosketch--What should the investigator include on the biosketch? Do they follow the NIH biosketch format with the personal statement in it?** **b. Program income--How do we reflect program income on the SF424A budget form?** **c. Indirect cost rate-- We are a public university. Do we use 8% or our standard campus rate?** **d. Mandatory and Other Attachment Forms--I am confused on what is the mandatory and other attachment forms? Are the mandatory documents the following items: Letters of Support, Organizational Charts, Bibliographies of Curriculum, Examples of curriculum products developed, indirect cost rate agreements, proof of 501(c)(3) status for non-profits?** **e. Abstract-- UAB is submitting a Part I and III. Do we need an abstract for each part or is it supposed to be combined into one abstract?** **f. Project Narrative--UAB is applying for Part I and III. Do we combine Part I and III into one PDF and attach it as one file?** **g. Budget Narrative-- UAB is applying for Part I and III. Do we combine Part I and III into one PDF and attach it as one file?** **h. Table of Contents--Do you want page numbers on it? I thought the electronic program made a table of contents for each application. Please advise.**	**a. The intent of the biosketch requirement is to demonstrate that the proposed candidates for key positions are qualified. The NIH format is acceptable however applicants must adhere to the 2 page limit on biosketches.** **b. The program income should be separated by the Parts in which you are applying on the SF424formA** **c. Yes, this is a training FOA, and the IDC is capped at 8% for universities.** **d. In addition to the items you listed, Biosketches and Other Supporting Documents are mandatory appendix items. You should attach these as appendices with the corresponding appendix letter as identified in the table of contents example, which is found in Appendix D. Please note that an additional mandatory appendix (Appendix H: Supporting Documentation) has been added to the application. Please include blank STD clinic records and floor plans in this appendix.** **e. Abstract-- You should submit one combined abstract.** **f. You may combine into one PDF. A separate review panel will be conducted for each Part, so please clearly label the narrative for each Part to ensure that it is reviewed by the appropriate panel.** **g. You may combine into one PDF, however please clearly label each budget narrative for each Part to ensure that it is reviewed by the appropriate Panel.** **h. Yes, please number your table of contents.**

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i. On the Checklist Form Page question # 9 For competing continuation and supplemental applications, has progress report been included Yes or Not Applicable. Where do we attach the progress report? Is this considered an Other Attachment Form? Please advise	**i. This is a new application, not a competing continuation or supplemental application. The progress report is Not Applicable for new applications.**
52.Thanks for your response. When reviewing the Table of Contents format, it asks for only one abstract and only one set of appendices, for one or multiple applications. My assumption was that the entire appendices would be uploaded as one document, therefore, all appendices viewable for all Parts, but sounds like we will receive updated information soon. Thanks for your response. **Is my assumption that only one abstract is required for one or more applications, as noted on the sample TOC still correct?**	**Each Part of the application will be reviewed separately. You should submit one set of appendices and organize and label the materials in each appendix according to whether the materials in the appendix are general to all Parts for which you are applying or specific to one or more Part(s) for which you are applying.** **For example, in Appendix C: Biosketches, you may have some biosketches for staff serving all Parts, some serving Part I, some serving Part II, and so on. In the header (or footer) for each biosketch, you would write "All Parts," "Part I," "Part II," "Part III," "Part I and II," etc., to ensure all the appendix materials relevant to the narrative for that Part are included in the objective review.** **Additionally, please note the FOA has been amended to increase the appendices page limit to 50 pages for each part. If you have registered on grants.gov they will notify you about any amendments to the FOA.**
53. I received clarification from you that the maximum # of pages we are allowed in the entire Appendices and "other" attachments of this application is 50. **Among the requested documentation required by the RFP there are a) LOS from each member of our advisory committees, b) clinic floorplans, c) current morbidity tables, d) outlines of clinic management protocols, etc; these are just a few examples of required documentation that is not appropriate for the narrative section.** **It is obvious that if we were to attach all of these materials, it would exceed the 50 page limit very quickly (our advisory committee for example has about 20 members so there's 20 pages just in adv. cmte LOS)** **Is there a recommendation on how to provide the requisite documentation with this grant without exceeding the appendices page limit?**	**Because of the page limits for both the narrative and the appendices, applicants must use their best judgment to determine how to document and organized their advisory committee members, model STD clinic site information, and other required information. Applicants should consider prioritizing the information they include in their application to determine the essential information that an objective review panel needs to receive in order to adequately evaluate an application (see section VI. Application Review Information in the FOA). Some of the requested information may also be included in the narrative, rather than in the appendix. For example, in the appendix applicants may consider providing letters of support for key advisory committee members that represent the range of stakeholders involved in the committee and providing a table that lists additional committee members, their qualifications, and whether a letter of support is on file. Applicants could also include information about additional committee members in the narrative section of the application. Applicants could also include charts and tables (e.g., morbidity tables) in the narrative. If tables are included in the narrative, they do not have to be double-spaced. Additionally, in the narrative, applicants could discuss key partnerships in detail and provide a list of other partnerships and collaborations or include these additional partnerships and collaborations in a table.** **The FOA has been amended to increase the page limits for applicants applying for more than one part. There is a 50 page maximum page limit for the appendices if applying**

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	for one part, with an additional 50 pages maximum for each additional part. The total page limit for appendices if applying for all four parts cannot exceed 200 pages.
54. Can you please clarify if the cover letter, abstract and table of contents should be included with the overall program narrative and submitted as ONE document under "program narrative" in grants.gov? **Does the abstract need to be submitted twice, as "program abstract" (sep. file) in the grants.gov package AND with the narrative?** **Or are the cover letter, table of contents and/or abstract submitted separately and if so, where in the grants.gov package (under which mandatory document)?**	**The cover letter and table of contents should be included with the overall program narrative and submitted as one document under the "Program Narrative" in grants.gov. The abstract should be typed (not cut and pasted) into the project abstract form provided in the grants.gov abstract package. The abstract does not have to be submitted twice.**
55. Hello - the RFP for 1103 requires the inclusion of "blank clinic records" in Appendix H (for model clinics). **Several of my model clinics have blank medical records that are in excess of 10 pages each. To include them all would obviously violate the 50 page appendix limit.** **Is it allowable to include the first page of a medical record only?** **Otherwise, can you please advise on the expectations of inclusion of blank medical records considering the page limits?**	**Yes, it is allowable to include the first page of the medical record for model clinic sites that use lengthy forms. You should state that you are including only the first page and provide a general summary of the additional information found in the remaining pages of the medical record. This information along with the additional documentation requested in the Part I STD Clinical Training Site evaluation criteria will assist reviewers in evaluating the applicant's access to model STD.**